

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036880

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No.

FILED OCT 15 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) FREDERICKTOWN		c. CITY OR TOWN FREDERICKTOWN	
Length of stay in 1b 15 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 410 West College		d. STREET ADDRESS (If outside, give location) 410 West College	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN		4. DATE OF DEATH Month October Day 10 Year 1963	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-15-1880	
9. AGE (last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINT CONTRACTOR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINT CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Philadelphia, Penn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME DAVID COOPER		13b. MOTHER'S MAIDEN NAME DORA	
14. NAME OF HUSBAND OR WIFE MAGGIE M. COOPER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT MAGGIE M. COOPER, FREDERICKTOWN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Failure DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) Carcinoma of the liver probably metastatic of unknown origin.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 7:15 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION FREDERICKTOWN, MISSOURI		COUNTY MISSOURI STATE MISSOURI	
21. I attended the deceased from November 1962 to October 10, 1963 and last saw her alive on October 10, 1963 Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. Arthur D. Newcomb	
22b. ADDRESS 115 So. Wood Avenue Fredericktown, Missouri		22c. DATE SIGNED 10-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-13-63	
23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY		23d. LOCATION (City, town, or county) FREDERICKTOWN, MISSOURI	
24. FUNERAL DIRECTOR SAM NAJIM, Jr., FREDERICKTOWN, MO.		25. DATE RECD. BY LOCAL REG. 10-13-63	
26. REGISTRAR'S SIGNATURE Gloranne Hucks		27. REGISTRAR'S SIGNATURE Gene L. Wilson Deputy	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

1967 OCT 18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Robert L. Seabaugh, Student Embalmer No. 702
working under my personal supervision.

Student

Robert L. Seabaugh
Signature of Student Embalmer

Signed

Sam Peyton, Jr.

Licensed Embalmer No. 4299

P. O. Address

Fredericktown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.